

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Date Received

MAY 18 2011

Human Resource Division

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Ralph E. Cobb Cobb E

1. Office, Agency, or Court

Agency Name

California Public Employees' Retirement System

Division, Board, Department, District, if applicable

Your Position

Board of Administration

Boardmember Delegate

► If filing for multiple positions, list below or on an attachment.

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

- ☐ State ☐ Judge (Statewide Jurisdiction)
☐ Multi-County _____ ☐ County of _____
☐ City of _____ ☒ Other _____

3. Type of Statement (Check at least one box)

- ☐ **Annual:** The period covered is January 1, 2010, through December 31, 2010.
-or-
The period covered is ____/____/____, through December 31, 2010.
☒ **Assuming Office:** Date 04 / 19 / 11
☐ **Leaving Office:** Date Left ____/____/____
(Check one)
☐ The period covered is January 1, 2010, through the date of leaving office.
☐ The period covered is ____/____/____, through the date of leaving office.
☐ **Candidate:** Election Year _____ Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 2

- ☐ **Schedule A-1 - Investments** - schedule attached
☐ **Schedule A-2 - Investments** - schedule attached
☐ **Schedule B - Real Property** - schedule attached
☒ **Schedule C - Income, Loans, & Business Positions** - schedule attached
☐ **Schedule D - Income - Gifts** - schedule attached
☐ **Schedule E - Income - Gifts - Travel Payments** - schedule attached
-or-
☐ **None - No reportable interests on any schedule**

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
1515 S Street, Room 400 Sacramento CA 95811
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a

I certify under penalty of perjury under the laws of the State of California that

Date Signed May 16, 2011
(month, day, year)

Signature

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION	
Name Ralph E. Cobb	

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

Comments: _____